

PTO/SB/51 (12-97)
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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR	140-035
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below nex I believe I am the original, first and sole inventor (if only one name is list and joint inventor (if plural names are listed below) of the subject matter in patent number5,712,479, grantedJanuary _27 reissue patent is sought on the invention entitledSPATIAL-VELOCITY IN TIME-OF-FLIGHT MASS SPECTROMETRY the specification of which	sted below) or an original, first or which is described and claimed
was filed on as reissue application n and was amended on (If applicable)	umber /
I have reviewed and understand the contents of the above identified s as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to pat 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or i below. (Check all boxes that apply.)	entability as defined in
by reason of a defective specification or drawing.	
by reason of the patentee claiming more or less than he had the	right to claim in the patent.
by reason of other errors.	
At least one error upon which reissue is based is described as follows	:
Subject matter described in the specification as	originally filed was
mistakenly omitted from the claims.	
New claims 13 through 25, which have been copied Patent No. 5,760,393, which issued on June 2, 199 supported by the specification as originally file	98, are also fully

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) 140-035 All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Registration Number Name(s) 35,634 John W. Olivo Jr., Esq. 33,811 John F. Ward, Esq. Correspondence Address: Direct all communications about the application to: Place Customer Number Bar __ Customer Number Code Label here Type Customer Number here Firm or Ward & Olivo X Individual Name 708 Third Avenue Address Address ZIP 10017 NY New York State City USA Country (212) 972-5866 Telephone (212) 697-6262 Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) James P. Reilly Inventor's signature Date Residence November 12, 1999 USA Citizenship Post Office Address USA Blooming ton Drive Full name of second joint inventor (given name, family name) Steven M. Colby Inventor's signature Date Residence Citizenship Post Office Address Full name of third joint inventor (given name, family name) Timothy B. King Date Inventor's signature Residence Citizenship Post Office Address Additional joint inventors are named on separately numbered sheets attached hereto.

O I A K JC 10 PATEMENT & JC 10

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)							Docket Number (Optional) 140-035					
All errors correct applicant. As a r this application a	named inve	entor, I her	plication arose we reby appoint the ess in the Patent	follow	ring attorne	ey(s) and/or	agent(s) to prosecute				
Name(s)			Registration Numl									
John W. Oli	ivo Jr.,	Esq.	35,634									
John F. War			33,811									
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Firm or Individual Name	Ward	& Olivo	· · · · · · · · · · · · · · · · · · ·									
Address	708 T	hird Av	renue									
Address												
City	New Y	ork			State	NY	ZIP	10017				
Country	USA											
Telephone	(212)	697-62	62		Fax	(212)	(212) 972-5866					
knowledge that will or both, under 18 th application, any pa Full name of sole of James P. Rei Inventor's signature	J.S.C. 1001 Itent issuing or first inven	, and that s thereon, o	uch willful false start any patent to whi	ateme ich this	nts may jeop	pardize the v	ralidity of	f the				
Residence			<u></u>	Dat	e		<u> </u>					
Post Office Address Citizenship												
Full name of secon	nd joint inve	ntor (given	name, family nam	e)	·							
Steven M. Co												
Inventoresignature					Date Nov. 09, 1999							
Residence 1385 San Domar Dr. A 94043 Mountain View, CA 94043				Citizenship USA								
Post Office Addres	SS											
Full name of third j		or (given na	me, family name)									
Inventor's signatur				Date	9							
Residence				Citiz	enship							
Post Office Addres	SS											
Additional initial	nt inventors	are named	on separately nun	nberer	sheets atta	ched hereto	_ 					

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(REISSUE APPLI	CATION DECLARATION BY THE INVEN	Docket 1 140-0	•	Optional)				
applicant. As a r	ted in this reissue application arose v named inventor, I hereby appoint the and transact all business in the Paten	e followi	ing attorne	ey(s) and/or	agent(s	s) to prosecute		
Name(s)	Registration Num	nber						
John W. 01	ivo Jr., Esq. 35,634							
John F. War	rd, Esq. 33,811							
_	Address: Direct all communications abou	ut the ap	optication to	Place 0		er Number Bar		
Customer Nu				Code L	abel he	re		
OR	Type Customer Number here							
Firm or Individual Name	Ward & Olivo							
Address	708 Third Avenue							
Address								
City	New York		State	NY	ZIP	10017		
Country	USA							
Telephone								
knowledge that will or both, under 18 U application, any pat Full name of sole o James P. Rei		e are putatement	inishable by ts may jeop	y fine and impoardize the va	orisonme	ent,		
Inventor's signature								
Residence		Date						
Post Office Address Citizenship								
	d joint inventor (given name, family name	ie)	,					
Steven M. Co Inventor's signature		Tosta						
Inventor a aignature	, 	Date						
Residence		Citizenship						
Post Office Address								
Full name of third jo Timothy B. K	oint inventor (given name, family name)							
lovenfor's signature	Rama	Date	Nov	ember	11, 1	1999		
Residence EDMONDS WA, USA Citizenship US								
Post Office Address 23306 Ed		, Eo	lmonds	. WA 9	8026	,		
Additional joint	inventors are named on separately num	nbered s	sheets atta	ched hereto.				

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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE 140-035 I hereby declare that: My residence, post office address and citizenship are stated below next to my name. Advanced Research & Techology Institute Inc. I am authorized to act on behalf of the following company: ___ and the title of my position with said company is: ___ President The entire title to the patent identified below is vested in said company. Name of Patentee(s): James P. Reilly; Steven M. Colby; Timothy B. King **Date Patent Issued** Patent Number January 27, 1998 5,712,479 Title of Invention Spatial-Velocity Correlation Focusing in Time-of-flight Mass Spectrometry I believe said patentee(s) to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled Spatial-Velocity Correlation Focusing in Time-of-Flight Mass Spectrometry the specification of which is attached hereto. \square was filed on $_$ June 1, 1999 as reissue application number $_$ 09/ $_$ 324,098 and was amended on (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) by reason of a defective specification or drawing. y by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors. At least one error upon which reissue is based is described as follows: Subject matter described in the specification as originally filed was mistakenly omitted from the claims.

[Page 1 of 2]

filed./

New claIMS 13 through 25, which have been copied from Vestal et al. U.S. Pat. No. 5,760,393, which issued on June 2, 1998, are also fully supported by the specification as originally

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	LICATION DECLARATION BY THE ASSIGNEE			ket Num	nber (Optional)			
of the applicar I hereby appo	int the following attorney(s) and/or agent(s)	to prosecu	ive intention of	n the p				
all business in the Patent and Trademark Office connected therewith. Name(s) Registration Number								
John W. Olivo, Jr. 35,634								
John F.	waru	33,81	<u> </u>					
Correspondence	Address: Direct all communications about the	application to): 					
Customer I	Number	Place Customer Number Bar Code						
OR	Type Customer Number here		Lab	el here				
Firm or Individual Name	WARD & OLIVO							
Address	708 Third Avenue							
Address				1				
City	New York	State	NY	ZIP	10017			
Country	USA							
Telephone	(212) 697-6262 Fax (212) 972-5866							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.								
Full name of person signing (given name, family name) Ronald D. Henriksen								
Signature	old D. Kenntsen Dat	Nove	mber /	1,1	999			
Residence Avon Indiasa Citizenship								
Post Office Address 6642 E. CR 200 N								
AUDD IN 46123								



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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional)					
Claims as Filed - Part 1										
Claims in Number Filed in (3) Small Entity Other t								Other than a	a Small Entity	
Patent	For		Application		nber Extra	Rate	Fee		Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)		****	=	x \$=		or	x \$=	
(C)	Independent Claims (37 CFR 1.16(i))	(D)		<u> </u>	=	x \$=		-	x \$=	
			Basi	c Fe	e (37 CFF	R 1.16(h))	\$			\$
			To	otal F	iling Fee		\$		OR	\$
		Claim	is as Amen	ded	- Part 2					
	(1) Çlaimş Remainir	na	(2) Highest Nur	nber	(3) Extra	Small E	ntity Other than a Small Entity			a Small Entity
	After Amendmen	it	Previous Paid Fo	lv l	Claims Present	Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**		* =	x \$=		or	x \$=	
Independent Claims (37 CFR 1.1	6(i))	MINUS	****		=	x \$=		0,	x \$=	
	(D) is less than the				Additional	Fee	\$		OR	\$
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).										
Please A dupli	charge Deposit A	ccount N heet is e	o. nclosed.	 - <u>-</u>		in the am	ount o	of		·
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No A duplicate copy of this sheet is enclosed.										
☐ A check	in the amount of	\$		_ to c	cover the	filing / add	itional	fee	is enclos	ed.
June 1, 1999 Date Signature of Applicant, Attorney or Agent of Record John F. Ward Typed or printed name										